

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)**

SERIAL NO.

APPLICANT

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		2			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
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TOTAL NO.	2		24			
TOTAL OFF.	6		24			
TOTAL	7		26			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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